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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS		D Employer identification number 34-1266824
		Doing Business As		E Telephone number 202-741-9978
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2400 N STREET, NW 500	G Gross receipts \$ 9,852,326.	
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037-1153		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer NORMAN M. LINSKY SAME AS C ABOVE				
I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: WWW.SCAI.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation: 1978 M State of legal domicile: OH				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SCAI'S MISSION IS TO PROMOTE EXCELLENCE IN INTERVENTIONAL CARDIOVASCULAR MEDICINE.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	25	
	5	Total number of employees (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	250	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	13,500.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 9,609,175. Current Year: 4,136,903.
		9	Program service revenue (Part VIII, line 2g)	3,319,545. 2,767,529.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,892. 66,781.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,974. 1,030,448.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,060,586. 8,001,661.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,857,791. 2,334,250.	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,541,295. 2,176,033.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,568,294. 5,697,876.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,967,380. 10,208,159.	
	19	Revenue less expenses Subtract line 18 from line 12	3,093,206. <2,206,498.>	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 9,022,127. End of Year: 7,048,305.
		21	Total liabilities (Part X, line 26)	1,387,707. 1,498,236.
		22	Net assets or fund balances. Subtract line 21 from line 20	7,634,420. 5,550,069.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer Norman M. Linsky	Date 8-11-2010
Paid Preparer's Use Only	Signature of preparer RAFFA, P.C.	
	Firm's name (or yours if self-employed), address, and ZIP + 4 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	Date 8/9/10
Check if self-employed ☐		Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (202) 822-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS (SCAI)
PROMOTES EXCELLENCE IN INVASIVE AND INTERVENTIONAL CARDIOVASCULAR
MEDICINE THROUGH PHYSICIAN EDUCATION AND REPRESENTATION, AND THE
ADVANCEMENT OF QUALITY STANDARDS TO ENHANCE PATIENT CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 9,654,934. including grants of \$ 2,334,250.) (Revenue \$ 2,767,529.)
IN 2009, SCAI'S THREE LARGEST EDUCATIONAL PROGRAM SERVICES BASED ON
EXPENSES INCLUDED ITS ANNUAL SCIENTIFIC SESSIONS, INTERVENTIONAL
CARDIOLOGY FELLOWS COURSE AND SCAI CREST REGIONAL EDUCATION PROGRAM.
EACH PROGRAM OFFERS HIGH QUALITY EDUCATIONAL OPPORTUNITIES TO SCAI'S
MAJOR CONSTITUENCY, INTERVENTIONAL CARDIOLOGISTS. THE 2009 ANNUAL
SCIENTIFIC SESSIONS FEATURED LIVE CASES FROM AROUND THE WORLD,
MAINTENANCE OF CERTIFICATION SESSIONS AS PART OF SCAI'S ONGOING
PARTNERSHIP WITH THE AMERICAN BOARD OF INTERNAL MEDICINE, MULTIPLE
BREAKOUT SESSIONS ON THE LATEST UPDATES IN THE FIELD AND A NUMBER OF
LATE BREAKING CLINICAL TRIALS. THE INTERVENTIONAL CARDIOLOGY FALL
FELLOWS COURSE IS NOW THE PREMIER COURSE FOR INTERVENTIONAL CARDIOLOGY
FELLOWS. THE ANNUAL COURSE FEATURES DIDACTIC LECTURES BY THE LEADERS IN

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 9,654,934.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	120	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	25	
1b Enter the number of voting members that are independent	25	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►
TERIE KING, DIR. OF FIN. & ACT. - 202-741-9978
2400 N STREET, NW, #500, WASHINGTON, DC 20037-1153

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN R. BAILEY, MD PRESIDENT	4.00	X		X				4,500.	0.	0.
LARRY S. DEAN, MD, FSCAI PRESIDENT - ELECT	3.00	X		X				8,117.	0.	0.
ZIYAD HIJAZI, MD, FSCAI IMMEDIATE PAST PRES.	2.00	X		X				0.	0.	0.
CHRISTOPHER U. CATES, MD VICE PRESIDENT	2.00	X		X				10,000.	0.	0.
CARL L. TOMMASO, MD TREASURER	2.00	X		X				0.	0.	0.
CHRISTOPHER J. WHITE, MD SECRETARY	2.00	X		X				2,000.	0.	0.
ALEXANDER ABIZAID, MD TRUSTEE	1.00	X						0.	0.	0.
LEE N. BENSON, MD, FSCAI TRUSTEE	1.00	X						1,000.	0.	0.
ROBERT BERSIN, MD, FSCAI TRUSTEE	1.00	X						7,000.	0.	0.
TYRONE J. COLLINS, MD TRUSTEE	1.00	X						2,000.	0.	0.
DAVID A. COX, MD, FSCAI TRUSTEE	1.00	X						0.	0.	0.
RUNLIN GAO, MD, FSCAI TRUSTEE	1.00	X						0.	0.	0.
JAMES A. GOLDSTEIN, MD TRUSTEE	1.00	X						0.	0.	0.
FRANK HILDNER, MD, FSCAI TRUSTEE	0.50	X						0.	0.	0.
ROXANA MEHRAN, MD, FSCAI TRUSTEE	1.00	X						4,000.	0.	0.
IAN MEREDITH, MD, FSCAI TRUSTEE	1.00	X						0.	0.	0.
ISSAM D. MOUSSA, MD TRUSTEE	1.00	X						0.	0.	0.

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY A. SANBORN, MD TRUSTEE	1.00	X						0.	0.	0.
ASHOK SETH, MD, FSCAI TRUSTEE	1.00	X						0.	0.	0.
WILLIAM C. SHELDON, MD TRUSTEES FOR LIFE	0.50	X						6,250.	0.	0.
KIMBERLY A. SKELDING, MD TRUSTEE	1.00	X						0.	0.	0.
CORRADO TAMBURINO, MD TRUSTEE	1.00	X						0.	0.	0.
JONATHAN M. TOBIS, MD TRUSTEE	1.00	X						0.	0.	0.
MARK A. TURCO, MD, FSCAI TRUSTEE	1.00	X						0.	0.	0.
ZOLTAN TURI, MD, FSCAI TRUSTEE	1.00	X						1,000.	0.	0.
NORMAN M. LINSKY EXECUTIVE DIRECTOR	37.50			X				223,125.	0.	49,674.
WAYNE A. POWELL SR. DIRECTOR	37.50					X		180,411.	0.	43,447.
1b Total								449,403.	0.	93,121.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

- | | | |
|---|------------|-----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | Yes | No |
| | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | Yes | No |
| | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | Yes | No |
| | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TRINET, INC., 1100 SAN LEANDRO BLVD., SAN LEANDRO, CA 94577	HR MANAGEMENT	2,068,224.
AUDIO VISUAL SYSTEMS, INC., 11000 METRO PARKWAY, FT. MEYERS, FL 33966-1244	AUDIO VISUAL SUPPORT	560,007.
CEASARS PALACE LAS VEGAS, 3570 LAS VEGAS BLVD. SOUTH, LAS VEGAS, NV 89109	EDUCATIONAL MEETINGS	451,193.
JOHN H. K. VOGEL, 4167 CRECIENTE DRIVE, SANTA BARBARA, CA 93110	CONSULTANT	397,384.
WEBER SHANDWICK, 8000 NORMAN CENTER DRIVE, #40, MINNEAPOLIS, MN 55437	PUBLIC RELATIONS CONSULTANTS	387,368.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **14**

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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,136,903.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			4,136,903.			
Program Service Revenue	2 a <u>MEMBERSHIP DUES</u>	Business Code	900099	1,287,778.	1,287,778.		
	b <u>MEETING INCOME</u>		900099	946,022.	710,008.		236,014.
	c <u>EXHIBITS</u>		900099	287,600.			287,600.
	d <u>SATELLITE SYMPOSIUM</u>		900099	230,000.	230,000.		
	e <u>LAB SURVEY PROGRAM</u>		900099	16,129.	16,129.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,767,529.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			64,231.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				1,005,825.			1005825.
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				2,550.			2,550.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a <u>ADVERTISING</u>		541800	13,500.		13,500.		
b <u>BANQUET</u>		900099	4,900.			4,900.	
c <u>MISCELLANEOUS</u>		900099	3,473.			3,473.	
d All other revenue		900099	2,750.			2,750.	
e Total. Add lines 11a-11d			24,623.				
12 Total revenue. See instructions.			8,001,661.	2,243,915.	13,500.	1607343.	

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**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,330,000.	2,330,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,250.	4,250.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	318,666.	152,259.	166,407.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,389,276.	1,301,665.	87,611.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	99,216.	89,254.	9,962.	
9 Other employee benefits	249,247.	239,425.	9,822.	
10 Payroll taxes	119,628.	106,710.	12,918.	
11 Fees for services (non-employees):				
a Management	31,868.	30,753.	1,115.	
b Legal	64,597.	61,873.	2,724.	
c Accounting	52,507.	50,669.	1,838.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,910.	16,572.	338.	
g Other	2,097,045.	2,027,651.	69,394.	
12 Advertising and promotion	24,794.	19,923.	4,871.	
13 Office expenses	371,927.	351,890.	20,037.	
14 Information technology	35,800.	34,547.	1,253.	
15 Royalties				
16 Occupancy	70,411.	67,947.	2,464.	
17 Travel	791,083.	718,928.	72,155.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,317,265.	1,271,554.	45,711.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	119,755.	115,564.	4,191.	
23 Insurance	14,789.	14,271.	518.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a HONORARIA	252,218.	251,072.	1,146.	
b SUBSCRIPTIONS	241,066.	241,066.		
c BAD DEBT	65,750.	65,750.		
d MISCELLANEOUS	53,941.	17,730.	36,211.	
e FEES AND DUES	39,981.	38,708.	1,273.	
f All other expenses	36,169.	34,903.	1,266.	
25 Total functional expenses. Add lines 1 through 24f	10,208,159.	9,654,934.	553,225.	0.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	100.
	2 Savings and temporary cash investments	2,520,200.	2	2,018,584.
	3 Pledges and grants receivable, net	3,087,609.	3	2,831,902.
	4 Accounts receivable, net	26,702.	4	32,669.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	69,721.	7	67,303.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	73,467.	9	6,950.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	750,731.		
	10b Less accumulated depreciation	339,025.		
		218,071.	10c	411,706.
	11 Investments - publicly traded securities	1,455,471.	11	1,634,307.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,570,886.	15	44,784.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,022,127.	16	7,048,305.	
Liabilities	17 Accounts payable and accrued expenses	503,394.	17	705,612.
	18 Grants payable		18	
	19 Deferred revenue	884,313.	19	792,624.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,387,707.	26	1,498,236.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,452,118.	27	1,209,405.
	28 Temporarily restricted net assets	6,182,302.	28	4,340,664.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,634,420.	33	5,550,069.
	34 Total liabilities and net assets/fund balances	9,022,127.	34	7,048,305.

Form 990 (2009)

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Form 990 (2009)

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Employer identification number
34-1266824

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) ☐ A family member of a person described in (i) above?
- (iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?
- h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY

Schedule A (Form 990 or 990-EZ) 2009 **AND INTERVENTIONS**

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1553345.	2969497.	5111836.	9609175.	4136903.	23380756.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1553345.	2969497.	5111836.	9609175.	4136903.	23380756.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16089065.
6 Public support. Subtract line 5 from line 4						7291691.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1553345.	2969497.	5111836.	9609175.	4136903.	23380756.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,769.	75,709.	237,014.	145,430.	1070056.	1590978.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					791.	791.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,551.	11,616.	8,120.	23,374.	11,123.	59,784.
11 Total support. Add lines 7 through 10						25032309.
12 Gross receipts from related activities, etc. (see instructions)					12	13,816,852.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	29.13 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	33.93 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS** Employer identification number **34-1266824**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009
LHA

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY

Schedule C (Form 990 or 990-EZ) 2009

AND INTERVENTIONS

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
 B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY

Schedule C (Form 990 or 990-EZ) 2009

AND INTERVENTIONS

34-1266824 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		5,000.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,677.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			8,677.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
InspectionName of the organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**Employer identification number
34-1266824**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		119,139.	36,870.	82,269.
e Other		631,592.	302,155.	329,437.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				411,706.

Schedule D (Form 990) 2009

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Schedule D (Form 990) 2009

34-1266824 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053
02-01-10

Schedule D (Form 990) 2009

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Schedule D (Form 990) 2009

34-1266824 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,001,661.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,208,159.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<2,206,498.>
4	Net unrealized gains (losses) on investments	4	122,147.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	122,147.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<2,084,351.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,171,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	122,147.
b	Donated services and use of facilities	2b	47,462.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	169,609.
3	Subtract line 2e from line 1	3	8,001,661.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,001,661.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,255,621.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	47,462.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	47,462.
3	Subtract line 2e from line 1	3	10,208,159.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,208,159.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART X: THE SOCIETY PERFORMED AN EVALUATION OF UNCERTAIN TAX

POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2009, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization	SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS		Employer identification number
			34-1266824

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA SINANI MEDICAL CENTER PO BOX 343910 MILWAUKEE, WI 53234	39-1442285	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
BAYLOR UNIVERSITY MEDICAL CENTER 2001 BRYAN ST. DALLAS, TX 75201	75-1837454	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
BAYSTATE MEDICAL CENTER 759 CHESTNUT ST. SPRINGFIELD, MA 01199	04-2790311	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
BRIDGEPORT HOSPITAL 267 GRANT ST. BRIDGEPORT, CT 06610	22-2908698	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE. CLEVELAND, OH 44195	34-0714585	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
COLUMBIA MEDICAL CENTER 161 FT WASHINGTON AVE. NEW YORK, NY 10032	13-5598093	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM

2 Enter total number of section 501(c)(3) and government organizations

▶ **49.**

3 Enter total number of other organizations

▶ **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALL GRANT EXPENDITURES ARE REVIEWED AND

APPROVED BY AN SCAI DIRECTOR BEFORE PAYMENTS ARE ISSUED. ANY AMOUNTS OVER

\$10,000 ARE ALSO APPROVED BY THE TREASURER. AFTER GRANTS ARE AWARDED, THE

MONITORING OF THESE FUNDS IS BASED ON THE TYPE OF AWARD GRANTED.

CORDIS AWARDS (\$25K)- THE RECIPIENTS PRESENT A RESEARCH BUDGET TO SCAI IN

THE APPLICATION PROCESS AND ARE REQUIRED TO PRESENT THEIR RESEARCH FINDINGS

THE FOLLOWING YEAR, ILLUSTRATING THEIR USE OF THE FUNDS BY COMPLETING THE

PROJECT WITHIN THEIR SUBMITTED BUDGET.

Name of the organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS** Employer identification number **34-1266824**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
DUKE UNIVERSITY 324 BLACKWELL ST., SUITE 920 DURHAM, NC 27701	56-0532129	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
EAST CAROLINA UNIVERSITY 525 MOYE BLVD. GREENVILLE, NC 27834	23-7138921	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
EVANSTON HOSPITAL NORTHSORE UNIVERSITY - 2650 RIDGE AVE. - EVANSTON, IL 60201	36-2167060	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
GEORGE WASHINGTON UNIVERSITY (THE) 801 22ND ST., NW, ROME HALL WASHINGTON, DC 20052	53-0196584	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
INDIANA UNIVERSITY SCHOOL OF MEDICINE - 400 E 7TH ST., POPLARS ROOM 501 - BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 1101 E 33RD ST., SUITE D200 - BALTIMORE, MD 21218	52-0595110	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
LOYOLA UNIVERSITY, CHICAGO 820 N MICHIGAN AVE. CHICAGO, IL 60611	23-2119720	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
 Open to Public Inspection

Name of the organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS**

Employer identification number
34-1266824

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST., GRB8-813 BOSTON, MA 02114	04-1564655	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
MVC FOUNDATION 1200 E. BROAD ST., 6TH FLR, RM 607 RICHMOND, VA 23219	54-6053660	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
NORTHWESTERN UNIVERSITY 633 CLARK ST. EVANSTON, IL 60208	36-2167817	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	76,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
OHIO STATE UNIVERSITY (THE) 364 W LANE AVE. COLUMBUS, OH 43201	31-1145986	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN ST., NO 153 CHICAGO, IL 60612	36-2174823	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
SAINT LOUIS UNIVERSITY 3635 VISTA AVE., 13TH FLOOR ST. LOUIS, MO 63110	43-0654872	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
STANFORD UNIVERSITY 326 GALVEZ ST. STANFORD, CA 94305	94-1156365	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM

Schedule I-1 (Form 990) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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TUFTS MEDICAL CENTER 750 WASHINGTON ST., BOX #264 BOSTON, MA 02111	04-3400617	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM		
UAMS FOUNDATION 4301 W MARKHAM ST. LITTLE ROCK, AR 72205	71-6056774	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM		
UC DAVIS MEDICAL CENTER 4860 Y STREET, SUITE 2820 SACRAMENTO, CA 95817	94-6036494	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM		
UC REGENTS 200 MANCHESTER AVE., ROOM 508 ORANGE, CA 92868	95-2226406	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM		
UC REGENTS - 2 200 WEST ARBOR DR. SAN DIEGO, CA 92103	95-6006144	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM		
UNIVERSITY HOSPITAL OF CLEVELAND 11100 EUCLID AVE. CLEVELAND, OH 44106	34-18667805	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM		
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVE. SOUTH AB-1230 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM		
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - PO BOX 0884 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM		

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InspectionContinuation Sheet for Schedule I (Form 990)
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(Form 990)
Department of the Treasury
Internal Revenue ServiceName of the organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**Employer identification number
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UNIVERSITY OF CINCINNATI PO BOX 670452 CINCINNATI, OH 45267	31-0896517	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF FLORIDA PO BOX 14425 GAINESVILLE, FL 32604	59-6002052	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF IOWA HOSPITAL AND CLINICS - 200 HAWKINS DR. - IOWA CITY, IA 52242	42-6004813	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF LOUISVILLE FOUNDATION - 132 E. GRAY ST. - LOUISVILLE, KY 40202	23-7078461	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE ST. - JACKSON, MS 39216	64-6008520	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF MISSOURI - KANSAS CITY - 4225 BALTIMORE AVE. - KANSAS CITY, MO 64111	44-6014699	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF NEBRASKA MED. CTR. 982166 NEBRASKA MEDICAL CTR. OMAHA, NE 68198	47-0049123	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF PITTSBURGH 200 LOTHROP ST. PITTSBURGH, PA 15213	25-0965591	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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OMB No 1545-0047

2009**Open to Public
Inspection**Name of the organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**Employer identification number
34-1266824

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 601 ELWOOD AVE., BOX 679-C ROCHESTER, NY 14642	16-0743209	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF TEXAS 7703 FLOYD CURL DR. SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	93,750.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
UNIVERSITY OF UTAH SCHOOL OF MEDICINE - 201 PRESIDENTS CIR., RM 411 - SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
VANDERBILT UNIVERSITY SCHOOL OF MEDICINE - 2301 VANDERBILT PLACE - NASHVILLE, TN 37235	62-0476822	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
WASHINGTON HOSPITAL CENTER 108 IRVING ST., NW WASHINGTON, DC 20010	52-6056274	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 700 ROSEDALE AVE., BOX 1034 - SAINT LOUIS, MO 63112	43-0653611	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
WEILL MEDICAL COLLEGE CORNELL 520 EAST 70TH ST. NEW YORK, NY 10021	13-1623978	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
WILLIAM BEAUMONT HOSPITAL 3601 W THIRTEEN MILE RD. SOUTHFIELD, MI 48076	38-1459362	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I-1 (Form 990) 2009**

Name of the organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Employer identification number
34-1266824

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY SCHOOL OF MEDICINE 333 CEDAR ST. NEW HAVEN, CT 06520	06-0646973	501(C)(3)	46,875.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 3333 CALIFORNIA ST. - SAN FRANCISCO, CA 94118	94-6036493	501(C)(3)	25,000.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM
TEMPLE UNIVERSITY OF THE COMMONWEALTH - 8505 N BROAD ST. - PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	25,000.	0.			INTERVENTIONAL CARDIOLOGY FELLOWS-IN-TRAINING GRANT PROGRAM

Part IV Supplemental Information

FIT AWARDS (\$46,875) - AWARD RECIPIENTS ARE ALL INSTITUTIONS THAT OUTLINE TRAINING PROGRAMS, TRAINING BUDGET AND NUMBER OF FELLOWS IN TRAINING, AS PART OF THE APPLICATION PROCESS BEFORE THE AWARDS ARE PRESENTED. THE AMOUNT OF THE AWARD IS MINIMAL ASSISTANCE FOR THEIR OVERALL TRAINING PROGRAMS. SCAI MAINTAINS CONTACT WITH THE TRAINING DIRECTOR DURING THE YEAR TO MONITOR THE PROGRESS OF THE PROGRAM.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

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Name of the organization **SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Employer identification number
34-1266824

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).	

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS

Schedule J (Form 990) 2009

34-1266824

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 7: NORMAN M. LINSKY AND WAYNE A. POWELL WERE PAID BONUSES THAT
WERE DETERMINED BY THE BOARD EXECUTIVE COMMITTEE BASED ON PERFORMANCE
EVALUATIONS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

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**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPHASIS IS PLACED ON DEVELOPMENT OF QUALITY STANDARDS FOR
LABORATORIES, ESTABLISHMENT OF CRITERIA FOR CREDENTIALING PHYSICIANS
AND DIRECTORS AND PRESENTATION OF GUIDELINES FOR TRAINING IN
CARDIOVASCULAR AND ANGIOGRAPHY.

FOCUS AREAS FOR SCAI INCLUDE ESTABLISHING STANDARDS AND GUIDELINES FOR
ALL ASPECTS OF CARDIOVASCULAR AND ANGIOGRAPHY, TRAINING, CREDENTIALING,
SAFETY AND QUALITY ASSURANCE FOR CARDIAC PROCEDURES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FIELD, HANDS ON SIMULATION TRAINING AND IMPORTANT NETWORKING
OPPORTUNITIES FOR FELLOWS WHO ATTEND THE COURSE. THE SCAI CREST
REGIONAL EDUCATION SERIES BRINGS EDUCATION DIRECTLY TO THE HOMETOWNS OF
SCAI MEMBERS. SCAI CREST IS A SERIES OF EDUCATIONAL SYMPOSIA OFFERED IN
A DINNER MEETING FORMAT TO PHYSICIANS IN CITIES ACROSS THE US. EACH
PROGRAM IS TOPIC-SPECIFIC, AND TOPICS CHANGE IN ACCORDANCE TO THE
LATEST INFORMATION IN THE FIELD. THESE PROGRAMS ARE HIGHLY VALUED BY
PARTICIPANTS WHO APPRECIATE UP-TO-THE-MINUTE INFORMATION DELIVERED IN
AN INTIMATE; DISCUSSION FUELED SETTING MINUTES AWAY FROM THEIR HOMES.

THE FIT GRANT PROGRAM IS AN AWARDS PROGRAM DESIGNED TO ASSIST ACADEMIC
INSTITUTIONS WHO OFFER INTERVENTIONAL CARDIOLOGY FELLOWS IN TRAINING
PROGRAMS. PROGRAM DIRECTORS APPLY DIRECTLY FOR THE AWARD MONEY. ALL
APPLICATIONS ARE GRADED OBJECTIVELY BY A PEER REVIEW PANEL USING

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02-03-10

Schedule O (Form 990) 2009

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(Form 990)

Department of the Treasury
Internal Revenue Service

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**PRE-DETERMINED GRADING CRITERIA. AWARDS OF EQUAL SUMS ARE DISTRIBUTED
TO THE SELECTED WINNERS.**

**FORM 990, PART VI, SECTION A, LINE 4: DURING THE YEAR ENDED DECEMBER 31,
2009, SCAI'S BOARD OF DIRECTORS AMENDED THE BYLAWS, WHICH CHANGED THE
COMPOSITION OF THE BOARD; THE OFFICERS OF THE BOARD NOW INCLUDES A VICE
PRESIDENT POSITION.**

**FORM 990, PART VI, SECTION A, LINE 6: THE CLASSES OF MEMBERS ARE: FELLOW,
SENIOR FELLOW, EMERITUS FELLOW, MEMBER, AFFILIATE, CONSULTANT TO THE
SOCIETY, TRUSTEE FOR LIFE, AND INTERNATIONAL ASSOCIATE MEMBER.**

THE NATURE OF THEIR RIGHTS ARE:

**FELLOW - SHALL BE ELIGIBLE TO VOTE, TO SERVE ON COMMITTEES, AND TO SERVE AS
TRUSTEES AND OFFICERS. EACH FELLOW OF THE SOCIETY SHALL BE ENTITLED TO ONE
(1) VOTE. AT EACH ANNUAL MEETING, FELLOWS SHALL ELECT A PRESIDENT, A
PRESIDENT-ELECT, A VICE PRESIDENT, A SECRETARY AND A TREASURER, AND MAY
ELECT SUCH OTHER OFFICERS AND ASSISTANT OFFICERS AS MAY BE DEEMED NECESSARY
OR ADVISABLE.**

**SENIOR FELLOW - SHALL BE ELIGIBLE TO VOTE AND TO SERVE ON COMMITTEES, BUT
MAY NOT SERVE AS TRUSTEES OR OFFICERS. EACH SENIOR FELLOW OF THE SOCIETY
SHALL BE ENTITLED TO ONE (1) VOTE. AT EACH ANNUAL MEETING, SENIOR FELLOWS
SHALL ELECT A PRESIDENT, A PRESIDENT-ELECT, A VICE PRESIDENT, A SECRETARY
AND A TREASURER, AND MAY ELECT SUCH OTHER OFFICERS AND ASSISTANT OFFICERS
AS MAY BE DEEMED NECESSARY OR ADVISABLE.**

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Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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EMERITUS FELLOW - SHALL BE EXEMPT FROM ANNUAL DUES OR ASSESSMENTS AND SHALL
NOT HAVE A VOTE, BUT SHALL BE INVITED TO ALL OFFICIAL FUNCTIONS OF THE
SOCIETY, AND MAY SERVE ON COMMITTEES.

AFFILIATE - NONE.

CONSULTANT - NONE.

TRUSTEE FOR LIFE - SHALL SERVE ON THE BOARD OF TRUSTEES UNTIL DEATH OR
RESIGNATION. IN ADDITION, TRUSTEES FOR LIFE SHALL RETAIN THE STATUS OF
FELLOWS OF THE SOCIETY, AND AS SUCH, SHALL RETAIN ALL RIGHTS AND PRIVILEGES
OF FELLOWS OF THE SOCIETY INCLUDING THE RIGHT TO VOTE, TO SERVE AS OFFICERS
AND TO SERVE ON COMMITTEES.

INTERNATIONAL ASSOCIATE MEMBER - NONE.

FORM 990, PART VI, SECTION A, LINE 7A: THE CLASSES OF MEMBERS ARE: FELLOW,
SENIOR FELLOW, EMERITUS FELLOW, MEMBER, AFFILIATE, CONSULTANT TO THE
SOCIETY, TRUSTEE FOR LIFE, AND INTERNATIONAL ASSOCIATE MEMBER.

THE NATURE OF THEIR RIGHTS ARE:

FELLOW - SHALL BE ELIGIBLE TO VOTE, TO SERVE ON COMMITTEES, AND TO SERVE AS
TRUSTEES AND OFFICERS. EACH FELLOW OF THE SOCIETY SHALL BE ENTITLED TO ONE
(1) VOTE. AT EACH ANNUAL MEETING, FELLOWS SHALL ELECT A PRESIDENT, A
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Schedule O (Form 990) 2009

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Inspection

Name of the organization

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
AND INTERVENTIONS**

Employer identification number
34-1266824

OR ADVISABLE.

SENIOR FELLOW - SHALL BE ELIGIBLE TO VOTE AND TO SERVE ON COMMITTEES, BUT
MAY NOT SERVE AS TRUSTEES OR OFFICERS. EACH SENIOR FELLOW OF THE SOCIETY
SHALL BE ENTITLED TO ONE (1) VOTE. AT EACH ANNUAL MEETING, SENIOR FELLOWS
SHALL ELECT A PRESIDENT, A PRESIDENT-ELECT, A VICE PRESIDENT, A SECRETARY
AND A TREASURER, AND MAY ELECT SUCH OTHER OFFICERS AND ASSISTANT OFFICERS
AS MAY BE DEEMED NECESSARY OR ADVISABLE.

EMERITUS FELLOW - SHALL BE EXEMPT FROM ANNUAL DUES OR ASSESSMENTS AND SHALL
NOT HAVE A VOTE, BUT SHALL BE INVITED TO ALL OFFICIAL FUNCTIONS OF THE
SOCIETY, AND MAY SERVE ON COMMITTEES.

AFFILIATE - NONE.

CONSULTANT - NONE.

TRUSTEE FOR LIFE - SHALL SERVE ON THE BOARD OF TRUSTEES UNTIL DEATH OR
RESIGNATION. IN ADDITION, TRUSTEES FOR LIFE SHALL RETAIN THE STATUS OF
FELLOWS OF THE SOCIETY, AND AS SUCH, SHALL RETAIN ALL RIGHTS AND PRIVILEGES
OF FELLOWS OF THE SOCIETY INCLUDING THE RIGHT TO VOTE, TO SERVE AS OFFICERS
AND TO SERVE ON COMMITTEES.

INTERNATIONAL ASSOCIATE MEMBER - NONE.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY RAFFA AND
REVIEWED BY SCAI'S EXECUTIVE DIRECTOR, DIRECTOR OF ACCOUNTING AND FINANCE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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AND TREASURER FOR ACCURACY. A COPY OF THE FINAL RETURN IS SENT TO THE
BOARD'S EXECUTIVE COMMITTEE BEFORE IT IS MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: SCAI IS RIGOROUS IN THE
ENFORCEMENT OF POLICIES THAT RELATE TO POTENTIAL CONFLICTS OF INTEREST
(COI). SCAI MAKES ITS POLICIES ON THE REPORTING OF COI CONSISTENTLY CLEAR
TO ALL PHYSICIAN VOLUNTEERS WHO SERVE AS FACULTY OR ENGAGE IN BUSINESS ON
BEHALF OF THE SOCIETY, REQUIRING EACH VOLUNTEER TO DISCLOSE THEIR FINANCIAL
INTERESTS TO THEIR AUDIENCES PRIOR TO SPEAKING OR PARTICIPATING IN SOCIETY
RELATED FUNCTIONS. IN ADDITION, SCAI MAINTAINS CLEAR CONSISTENT POLICIES ON
STAFF AND VOLUNTEER EXPENSE REIMBURSEMENT AND PROVISION OF HONORARIA FOR
SPEAKING ENGAGEMENTS, AND DISTRIBUTES THOSE POLICIES TO ALL VOLUNTEERS
PRIOR TO THEIR ENGAGEMENT IN ANY SOCIETY RELATED BUSINESS. LAST, SCAI TAKES
CAREFUL NOTE TO MAINTAIN STRICT COMPLIANCE WITH ALL APPLICABLE GUIDELINES
AND REGULATIONS, ESPECIALLY AS THEY RELATE TO THE GAAP, ACCME, AMA AND
OTHER REGULATORY BODIES.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION ANALYSIS FROM
TRINET, ASAE, AND ASSOCIATION EXECUTIVE IS PROVIDED TO THE BOARD'S
EXECUTIVE COMMITTEE AND THEY DETERMINE AND APPROVE THE COMPENSATION FOR THE
OFFICER AND KEY EMPLOYEES. COMPENSATION DECISIONS ARE DOCUMENTED IN SCAI'S
MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: BYLAWS AND OTHER GOVERNING
DOCUMENTS ARE ON THE SCAI WEB SITE AT WWW.SCAI.ORG. THE FEDERAL FORM 990
MAY BE VIEWED IN HOUSE OR COPIES ARE PROVIDED ON REQUEST FOR A NOMINAL FEE.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
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FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Blank lines for supplemental information.

Name of the organization

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACCREDITATION FOR CARDIOVASCULAR EXCELLENCE, LLC - 27-0636029, 2400 N STREET, NW, #500, WASHINGTON, DC 20037-1153	ACCREDITATION	OHIO	0.	58,235.SCAI	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]